

Nebraska Medicaid's New Integrated Managed Care Program



STATE TOUR
SEPTEMBER 2016



What is Medicaid?

- ▶ Enacted in 1965 under Social Security Act
- ▶ Administered by states with oversight from the Centers for Medicare & Medicaid Services (CMS)
- ▶ Eligibility and benefits vary from state to state
- ▶ Children's Health Insurance Program (CHIP) created in 1997
- ▶ Joint funding between state and federal

Current Nebraska Medicaid

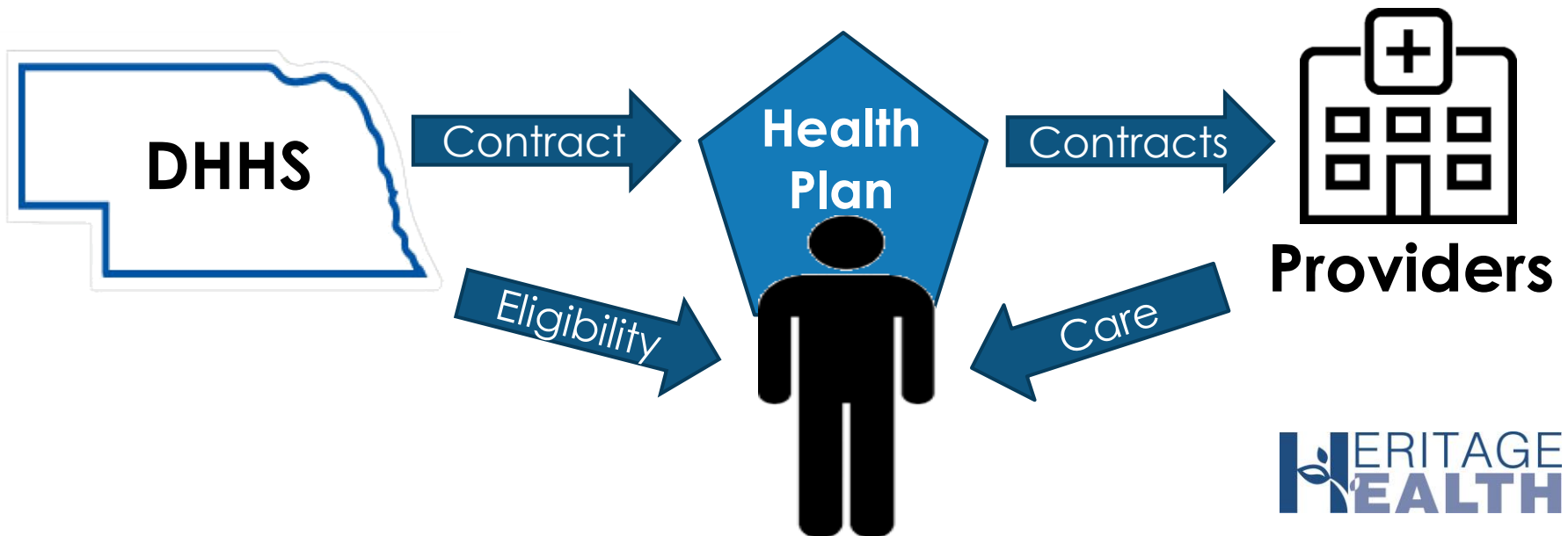
- ▶ Nebraska Medicaid provides health care coverage to approximately 230,000 people at an annual cost of approximately \$2 billion.
- ▶ 12% of Nebraska's population is enrolled in Medicaid.



- Children birth through age 18
- Blind & Disabled
- Low-income parents and caretakers of children
- Low-income elderly

What is “Managed Care”?

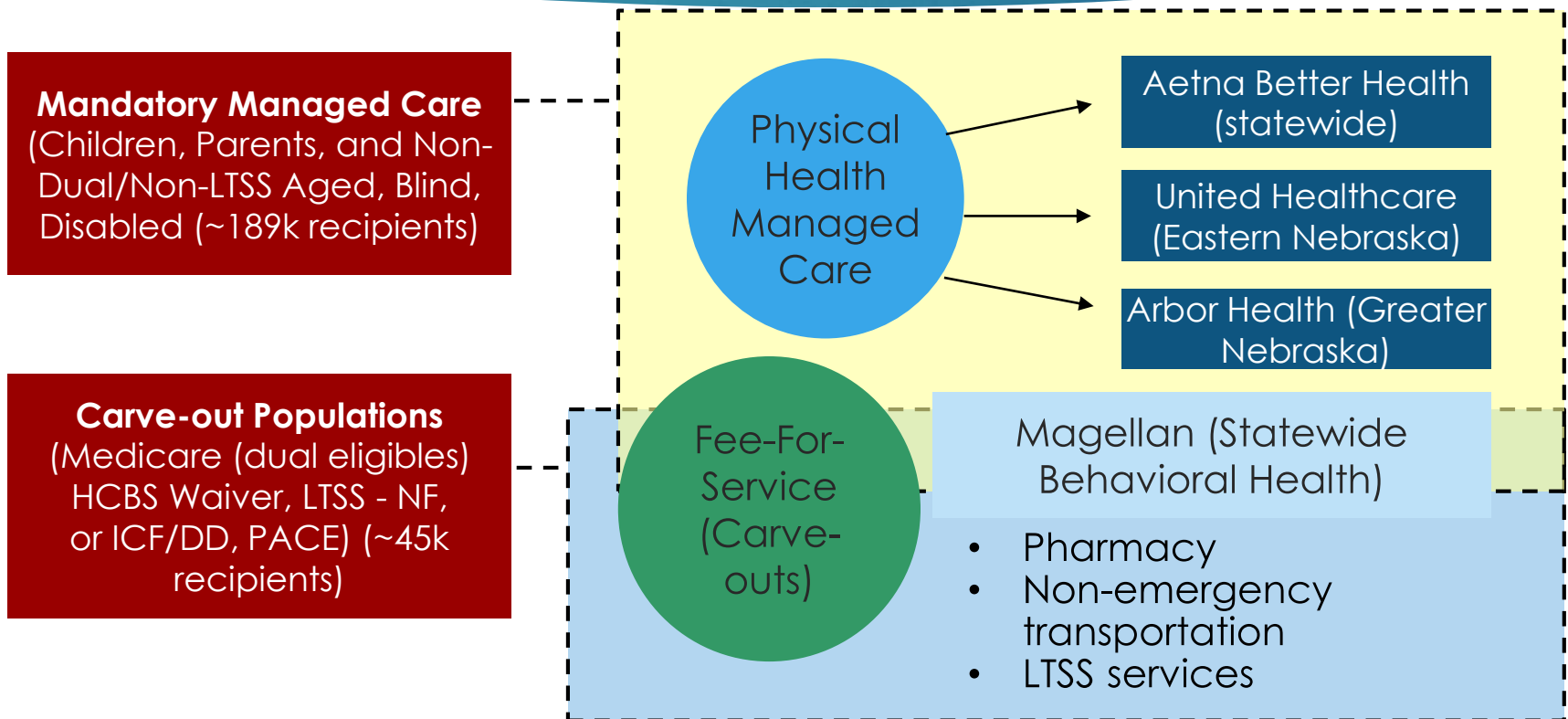
- ▶ Managed Care is a system of health care delivery in which the State contracts with managed care organizations (MCOs) – also referred to as “**Health Plans**” – to administer health care benefits and services for our members.



Current Managed Care

- ▶ Nebraska Medicaid contracts with:
 - ▶ Three regional health plans for physical health services
 - ▶ A separate managed care entity for behavioral health services
 - ▶ A pharmacy benefit management contractor for pharmacy services
- ▶ An individual receives his or her health care through three separate contractors.
- ▶ 82% of Medicaid clients are enrolled in physical health managed care and more than 99% are enrolled in behavioral health managed care.

Visualizing the Current System



Financing Care

A Comparison

Fee for Service (FFS) System

- Payment is made after a service is delivered
- Providers bill for services delivered and are paid a predetermined rate for each service directly by the State.
- The recipient of the FFS payment (providers) has a financial incentive to deliver more services.
- Risk is assumed by the State.

Managed Care

- Payment is made to the health plan before services are delivered.
- The health plan has a financial incentive to provide cost effective services.
- Risk is assumed by the managed care organization.

New Integrated Managed Care Program: Heritage Health

Nebraska Medicaid has signed contracts with three health plans:



- ▶ Each health plan will coordinate a full range of services statewide, including physical health, behavioral health, and pharmacy services.

Start Date



Heritage Health Goals

- ▶ Improved health outcomes
- ▶ Enhanced integration of services and quality of care
- ▶ Emphasis on person-centered approach, care management, enhanced preventive services, and recovery-oriented care
- ▶ Reduced rate of costly and avoidable care
- ▶ Improved financially-sustainable system



Key Health Plan Responsibilities

- Administering Covered Benefits
- Care Management
- Quality Management
- Utilization Management
- Provider Network Management
- Continuity of Care

Benefits and Coverage

- All Heritage Health plans offer the same package of covered health services.
- Each plan also offers a variety of “extra” benefits and services that aren’t part of the Medicaid benefit package.
- **Some services aren’t part of Heritage Health**, but are still covered by Medicaid. These include:
 - Dental services
 - Non-emergency transportation
 - Personal Assistance Services (PAS)
 - Long-term care in a facility
 - Home and community-based waiver services (HCBS) for those eligible

Behavioral Health Integration

- ▶ Today Medicaid behavioral health services are covered by Magellan.
- ▶ Beginning on January 1, 2017, the Heritage Health plans will cover physical, behavioral and pharmacy services under one plan for their members.
 - ▶ Focus on the whole person
 - ▶ Incentive to invest in preventive and community-based care
 - ▶ MLTC established a behavioral health integration advisory committee to guide transition

Pharmacy Integration

- ▶ Today, pharmacy services are administered by the state. Under Heritage Health, the health plans will assume responsibility for this benefit, with specific requirements:
 - ▶ Health plans must cover all classes of drugs covered under the Nebraska Medicaid formulary, and must also follow the state's preferred drug list (PDL).
 - ▶ Health plans are also required to accept any pharmacy participating in the Nebraska Medicaid program today into their network.



Building Provider Networks

- ▶ Providers MUST be enrolled as Nebraska Medicaid provider (through Maximus) to participate in the Health plan's network.
- ▶ Plans must demonstrate network adequacy based on state standards.
- ▶ Health plans are required to ensure that providers that have traditionally served the Medicaid population participate in their network.
- ▶ Plans are actively contracting. Providers can find contact information for plan contracting staff at dhhs.ne.gov/HeritageHealth or by reviewing Provider Bulletin 16-14.

Provider Credentialing

- ▶ Providers must credential with plans that they contract with. All plans are required to accept CAQH credentialing.
 - ▶ Providers should ensure their CAQH profile is up to date and has been attested to within the last six months & select each Heritage Health plan as an approved payer in order for the plan to access the CAQH profile. Learn more: [CAQH.org](https://www.caqh.org)
- ▶ Plans must process and make a decision on all credentialing applications within 30 days of receipt of a completed application.
- ▶ Plans are also required to process credentialing applications concurrent with state enrollment through Maximus.

Paying for Care

- ▶ Reimbursement to the provider by the health plan is generally negotiated between the health plan and the provider .
- ▶ Some services must be paid for regardless of network participation:
 - ▶ Emergency services
 - ▶ Family Planning
 - ▶ Indian Health Services by an Indian Health Provider
- ▶ Some provider types like FQHCs and Critical Access Hospitals (CAHs) have special reimbursement requirements.
- ▶ Plans will be working individually and together through the fall to conduct provider training and orientation sessions to prepare for operations in January.

Improving the Provider Experience

- ▶ Administrative Simplification Committee focused on process simplification and communication
- ▶ Timely payment requirements, shortening the time between filing and receipt of payment
- ▶ Enhanced claim tracking tools
- ▶ Common state preferred drug list
- ▶ Extensive provider training
- ▶ Dedicated providers services staff
- ▶ Provider advisory committees
- ▶ Provider complaint system

Health Plan Enrollment

- ▶ DHHS has contracted with Automated Health Systems (AHS) to serve as the state's "enrollment broker" for Heritage Health. AHS will provide:
 - ▶ Written and phone-based member outreach
 - ▶ Comprehensive and unbiased choice counseling
 - ▶ Health plan selection via mail, phone, or electronic methods
 - ▶ Searchable provider directories
 - ▶ Auto-assignment of members who elect not to choose a health plan on their own



Choosing a Health Plan

- ▶ Members who will need to choose a health plan will receive an enrollment packet in the mail.
- ▶ There are four different ways to choose a plan:
 - ▶ **Online** at www.neheritagehealth.com
 - ▶ **By phone** by calling toll-free at 1-888-255-2605 Monday through Friday, 7am to 7pm.
 - ▶ **By mail** by returning the enrollment form included in the packet.
 - ▶ **By fax** by returning that same form to 1-800-852-6311.
- ▶ Members who don't choose a plan will be assigned to one by AHS using a method that will try to preserve family and provider relationships.
- ▶ All members will have 90 days to change plans after January 1st if they would like, or wait for open enrollment in the Fall.

Open Enrollment Packet



<HeadOfHousehold>
<Addr-Line1>
<Addr-Line2>
<City><State><Zip Code>
[Barcode]

<Letter Date>

Welcome to Heritage Health! Heritage Health is Nebraska Medicaid's new Managed Care program. Heritage Health gives you one health plan for your health needs. It includes doctor's visits, prescriptions, and other services. Medicaid, Heritage Health has three different health plan options for you to choose from. You can choose the one that best fits you and your family's needs.

The household member(s) listed below need to choose a health plan:

You can use this security PIN to enroll over the phone or on the website: <4digitPIN>		
Member Name	Member Medicaid ID #	Selection Date
<RecipientName>	<RecipientMedicaidIDNum>	<SelectionDate>

Please ask quickly! If you need more information on how to choose a health plan, please call 1-888-255-2605.



Your Medicaid is changing.
Heritage Health is the new Medicaid managed care program.

What is covered by Heritage Health?
Heritage Health plans cover your:

- Physical health,
- Behavioral health, and
- Medicines.

What are physical health, behavioral health, and medicines?
Doctor visits, prescriptions, hospital, mental health, emergency room, vision, supplies and equipment, chiropractic, visits, skilled nursing, family care, CHEK/EPST, therapies, hearing and hearing aids, x-rays and lab work, hospice, birthing center, transplants, and treatment for substance abuse.

I got a Heritage Health mailing, do I need to pick a plan?
Yes. Heritage Health will cover your physical health, behavioral health, and medicines.

What isn't included in Heritage Health?
Dental, home and community-based waiver services, and nursing home care.

Will home and community-based waiver services change?
No.

Do I choose my own Heritage Health plan?
Yes. There are three plans you can choose from:

- Nebraska Total Care
- UnitedHealthcare Community Plan of Nebraska
- WellCare of Nebraska

What if I miss my deadline to choose a Heritage Health plan?
One will be chosen for you.

What if I don't pick a plan?
One will be chosen for you.

What if I don't like my Heritage Health plan?
All members will have 90 days to change plans after January 1, 2017. You can also ask to change plans later if you have a reason.

*Helping People Live Better Lives™

Nebraska's Medicaid Managed Care Program

Member Guidebook

Visit us at www.neheritagehealth.com

Call for free:
1-888-255-2605; TTY/TTD: 711
Monday-Friday 7:00am-7:00pm Central Time
Interpretation Services Available

*Hay información en español.
¡Servicio de intérprete gratis!*
Llame al 1-888-255-2605 (TTY/TTD 711).

Keep this Member Guidebook for future use.

HEALTH PLAN BENEFITS AND CONTACT INFORMATION

BENEFITS	nebraska total care	UnitedHealthcare Community Plan	WellCare of Nebraska																																																																				
Contact information	Nebraska Total Care Phone: 1-844-385-2192 TTY/TDD: 1-844-307-0342 www.nebraskatotalcare.com	UnitedHealthcare Community Plan of Nebraska Phone: 1-800-641-1902 TTY/TDD: 711 www.uhcommunityplan.com/ne	WellCare of Nebraska Phone: 1-855-599-3811 TTY/TDD: 1-877-247-6272 www.wellcare.com/nebraska																																																																				
All Covered 100%	Primary Care Visits, Immunizations, Family Planning, Pregnancy, Hospital Services, Home Health Care, and Emergent/Urgent Care																																																																						
Co-Pays	Children (18 and under), pregnant women and Native American members are exempt from co-pays																																																																						
Wellness	Covered 100% (annual exams, Weight Watchers, CentAccount, YMCA memberships)	Covered 100% (annual exams, well-child visits, preventative services; Rewards Program)	Covered 100% (annual exams, well-child visits, Weight Watchers, Healthy Rewards Program)																																																																				
Prescriptions	Generic - covered 100%, Brand - \$3 copay	Covered 100%	Generic - covered 100%, Brand - \$3 copay																																																																				
Over-The-Counter Drugs/Supplies	Covered 100% with your doctor's prescription																																																																						
Healthy Kids	Rewards Program for well-child visits Healthy Promotion: Monthly school programs Back-to-School Programs Keep It Moving: Child obesity program Sports Camp Physical: 1 per year per member, ages 5-18 years old	Rewards Program for well-child visits KidsHealth®: The website has information by topics, health quizzes, games and videos 4-H and Sesame Street: Program on asthma, food nutrition and healthy habits Dr. Health E. Hound®: Mascot delivers nutritional education and promotes fitness and healthy habits	Rewards Program for well-child visits JumpStart: Gets kids off the couch and moving Special kids-only events and programs: Kids get hands-on tools and activities like: • Invitations to local fitness events • Cool and fun rewards for healthy habits • Kids newsletters about fitness and nutrition																																																																				
Care and Disease Management	Offers special programs for chronic diseases, sickle cell anemia, asthma, diabetes, heart disease, smoking cessation, pregnant mothers and babies, care coordination, intensive care	Offers special programs for pregnant moms, chronic diseases, asthma, diabetes, heart disease, ADHD, substance abuse, mental health issues. Offers rewards like a gift card for chronic care visits and mobile app on services available.	Work with members one-on-one to help manage care needs, provide weight-loss tips, help to stop smoking, and help with chronic diseases like asthma, diabetes or HIV/AIDS. Tele-Monitoring Management System which measures and sends data to a WellCare nurse, provider or caregiver.																																																																				
Enrollment Form	<p>Enrollment Form</p> <p>The EASIEST and EASIEST ways to enroll in a health plan is on our website. Go to www.neheritagehealth.com. Or, call 1-888-255-2605 (TTY/TTD call 711). We are open Ten-Ten Monday-Friday central time. Please fill out every section on this form.</p> <p>Head of Household (HOH) Name: _____ HOH Medicaid ID or PIN: _____ Address: _____ Phone #: _____</p> <table border="1"> <thead> <tr> <th>Members (First and Last Names)</th> <th>Date of Birth (DD or PPI)</th> <th>Medicaid ID # (DD or PPI)</th> <th>Health Plan Selection</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>Check the name of the health plan you wish to choose. Each member must choose a different plan.</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Nebraska Total Care</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> WellCare of Nebraska</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Nebraska Total Care</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> WellCare of Nebraska</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Nebraska Total Care</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> WellCare of Nebraska</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Nebraska Total Care</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> WellCare of Nebraska</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Nebraska Total Care</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> WellCare of Nebraska</td> </tr> </tbody> </table> <p>I would like to choose the health plan(s) above. The information above is correct. I understand that I will need to contact the Heritage Health Enrollment Center if I wish to change health plans at a later date.</p> <p>Head of Household Signature: _____ Date: _____</p> <p>If you need more time to make a choice for additional members in your household: 1) Write the Head of Household Name and their Medicaid ID, Social Security Number, or PIN on the back 2) Write the name and date of birth for each member 3) Write the Medicaid ID, Social Security Number, or PIN for the member 4) Write the health plan choice for the member</p> <p>Use the pre-paid envelope in this packet to mail this form to: Heritage Health Enrollment Center 5375 McKnight Road, Suite 200 Pittsburgh, PA 15237</p>			Members (First and Last Names)	Date of Birth (DD or PPI)	Medicaid ID # (DD or PPI)	Health Plan Selection				Check the name of the health plan you wish to choose. Each member must choose a different plan.				<input type="checkbox"/> Nebraska Total Care				<input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska				<input type="checkbox"/> WellCare of Nebraska				<input type="checkbox"/> Nebraska Total Care				<input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska				<input type="checkbox"/> WellCare of Nebraska				<input type="checkbox"/> Nebraska Total Care				<input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska				<input type="checkbox"/> WellCare of Nebraska				<input type="checkbox"/> Nebraska Total Care				<input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska				<input type="checkbox"/> WellCare of Nebraska				<input type="checkbox"/> Nebraska Total Care				<input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska				<input type="checkbox"/> WellCare of Nebraska
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Immediate and Retroactive Enrollment

- ▶ Under Heritage Health (starting January 1st), members will be enrolled immediately into their Heritage Health plan, back to their first date of Medicaid eligibility (up to three months prior).
- ▶ This will ensure members get the benefits of care coordination immediately.
- ▶ Providers will need to bill the Heritage Health plan for any qualifying services provided during the period of retroactive eligibility.

Continuity of Care

- ▶ Medicaid is working to ensure a smooth transition for current Medicaid enrollees into their new Heritage Health plans.
- ▶ This includes a process to ensure that existing services are not interrupted due to the change in health plans.
- ▶ We are working to make sure that the new health plans are aware of and honor existing covered services that members are receiving or have been authorized to receive for a sufficient period of time.
- ▶ Specific details on this process will be coming soon.

People New to Managed Care

- ▶ Some individuals will be choosing a health plan that have never chosen a health plan before. These include:
 - ▶ People who are on one of the home and community based waivers (Aged and Disabled Waiver, Traumatic Brain Injury Waiver, and the Developmental Disability Waivers)
 - ▶ People live in a long-term care facility, like a nursing home or home for people with developmental disabilities.
- ▶ No one can “opt out” of choosing a health plan. Heritage Health will be the Medicaid delivery system for most benefits and nearly all enrollees beginning January 1, 2017...

Except Long-Term Care.

- ▶ Almost everyone on Medicaid will have their physical health benefits (for example, their doctors visits and hospital stays), behavioral health needs, and prescription drug benefits managed by their Heritage Health plan.
- ▶ But the actual long-term care services will continue to be administered as they are today. This includes:
 - ▶ Personal Assistance Services (PAS) - these are in-home supports
 - ▶ Long-term care in a facility
 - ▶ The actual home and community-based waiver services (HCBS)

Long-Term Care Redesign

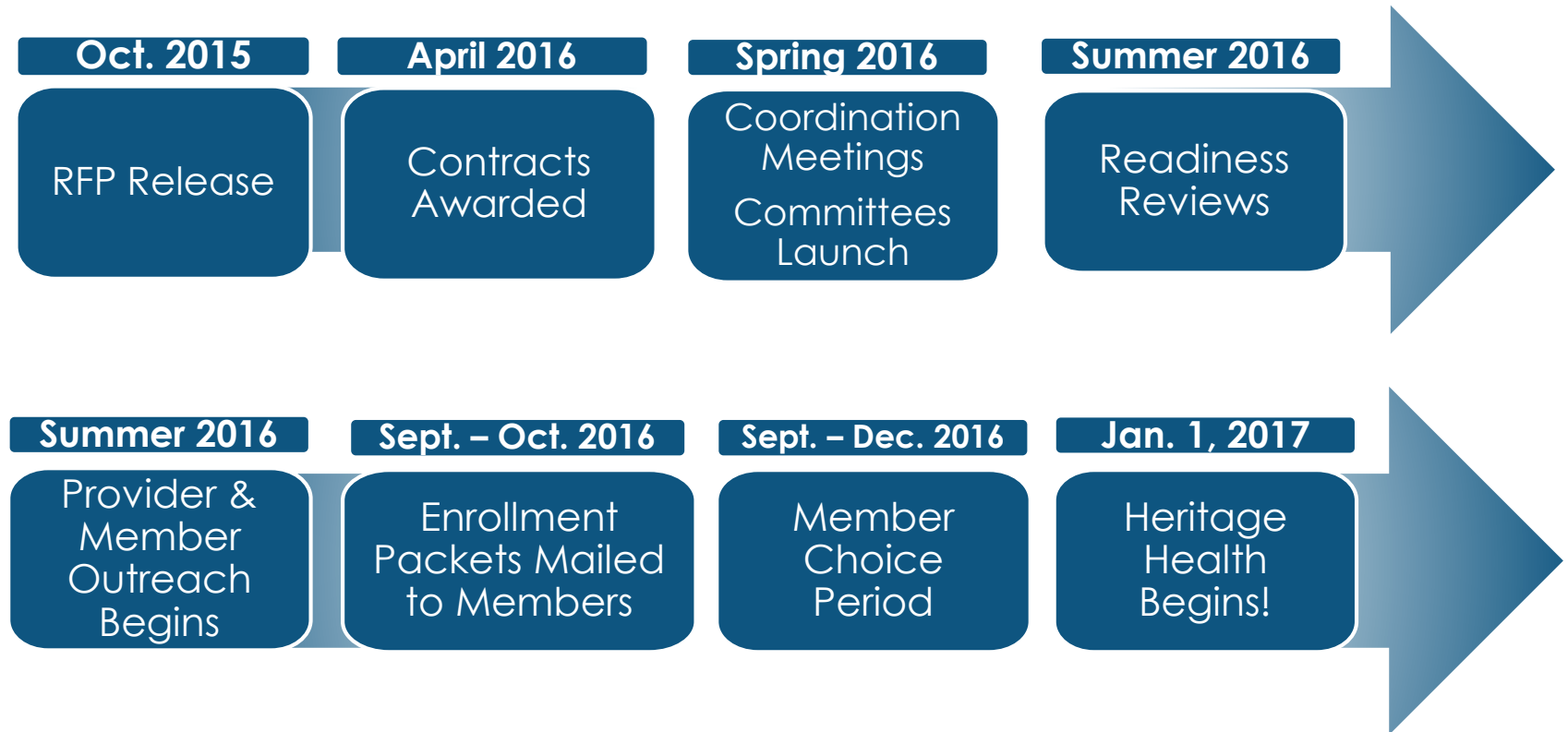
- ▶ While these services aren't changing under Heritage Health, the state is exploring ways to improve the long-term care system through the Redesign project, which aims to help provide Nebraskans:

- ▶ Healthier people
- ▶ Quality services
- ▶ Easier access to services
- ▶ Help to live the way they want, where they want
- ▶ Help to figure out the services they need
- ▶ Support during health and care changes
- ▶ A system that helps providers help people
- ▶ An affordable program

DHHS is holding public meetings across the state to get ideas about making changes to the long-term care Medicaid system in Nebraska. Learn more:

dhhs.ne.gov/LTC
dhhs.ltcredesign@nebraska.gov

Heritage Health Timeline



Continuous Feedback



Administrative
Simplification



Behavioral
Health
Integration



Quality
Management

Nebraska's Heritage Health Advisory Groups

Contact Information

- ▶ Heritage Health Enrollment Center
1-888-255-2605
- ▶ Nebraska Total Care
1-844-385-2192
- ▶ UnitedHealthcare Community Plan of Nebraska
1-800-641-1902
- ▶ WellCare of Nebraska
1-855-599-3811
- ▶ ACCESSNebraska
1-855-632-7633

Questions

For more information about Heritage Health visit us online:
www.dhhs.ne.gov/heritagehealth



Nebraska Medicaid
#DHHSMLTC

Email our staff:
dhhs.heritagehealth@nebraska.gov

